

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582811

FILING DATE

16 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5	/			/		
6		2		/		
7	/		/			
8		/		/		
9	/			/		
10		/		/		
11		0		/		
12		0		/		
13		0		/		
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19		dependent		/		
20		dependent		/		
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22		dependent		/		
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TOTAL IND.	7	↓	5	↓		↓
TOTAL DEP.	28	←	17	←		←
TOTAL CLAIMS	35		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						